



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
INTOX DMT MAINTENANCE REPORT

RECEIVED

By Carol Day at 11:20 am, Jul 29, 2015

#1

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

| | | |
|--|--|----------------------------------|
| INTOX DMT SN 500001 | NAME OF AGENCY St. Louis County Police Department | DATE OF INSPECTION 07/25/2015 |
| LOCATION OF INSTRUMENT (STREET AND CITY) North County Precinct - 11815 Benham Rd, St. Louis | | TIME OF INSPECTION 09:50:05 |

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

| | |
|--|---|
| <input checked="" type="checkbox"/> DIAGNOSTIC RECORD | |
| DATE AND TIME <u>07/25/2015 09:50:07</u> | <input checked="" type="checkbox"/> DETECTOR |
| <input checked="" type="checkbox"/> PROGRAM | <input checked="" type="checkbox"/> FILTER 1 |
| <input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u> | <input checked="" type="checkbox"/> FILTER 2 |
| <input checked="" type="checkbox"/> BREATH TUBE <u>47.1°C</u> | <input checked="" type="checkbox"/> FILTER 3 |
| <input checked="" type="checkbox"/> PUMP | <input checked="" type="checkbox"/> INTERNAL STANDARD |

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| BREATH ANALYZER ACCURACY STANDARDS | |
| <input type="checkbox"/> SIMULATOR STANDARD | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |

| | | |
|---|-----------------------|-----------------------------|
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u> | LOT # <u>AG418902</u> | EXP. DATE <u>07/08/2016</u> |
| <input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) | SIMULATOR SN | SIMULATOR EXP DATE |

| | |
|---|--|
| <input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used. | |
| <input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE | |
| <input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE | |
| <input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE | |

| | | |
|---------------|---------------|---------------|
| TEST 1: 0.097 | TEST 2: 0.097 | TEST 3: 0.097 |
|---------------|---------------|---------------|

| |
|---|
| <input checked="" type="checkbox"/> PERFORM R.F.I. TEST |
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| | | | | | |
|--|----------|------------|------------|------------|-------------|
| INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: | | | | | |
| REFUSALS: 0 | 0-.04: 3 | .05-.09: 0 | .10-.14: 1 | .15-.19: 1 | OVER .19: 0 |

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)

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INSPECTING OFFICER

| | |
|----------------------------------|-------------------------------------|
| SIGNATURE <u>P. J. J. 3.2</u> | PRINT FULL NAME DONALD M JACQUIN |
|----------------------------------|-------------------------------------|

| | | |
|---------------------------------|-------------------------------|----------------------------------|
| TYPE II PERMIT NUMBER 240392 | EXPIRATION DATE 11/13/2016 | TELEPHONE NUMBER 314-889-8612 |
|---------------------------------|-------------------------------|----------------------------------|

RETURN COMPLETED REPORT TO THE Breath Alcohol Program, MO Department of Health and Senior Services
Southeast District Office
2875 James Blvd, Poplar Bluff, MO 63901



Airgas USA LLC (LAB)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7328

Certificate of Analysis

Customer Name
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 8-Jul-2014

Lot # AG418902

| <u>Exp. Date</u> | <u>Cyl. Type</u> | <u>Component</u> | <u>Certified Concentration</u> |
|------------------|------------------|------------------|--------------------------------|
| 8-Jul-2016 | 108 | Ethanol | 0.100 ± 2% BrAC (260 ppm) |
| | | Nitrogen | Balance |

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

| <u>Serial No.</u> | <u>Concentration</u> | <u>Serial No.</u> | <u>Concentration</u> |
|-------------------|----------------------|-------------------|----------------------|
| EB0010581 | 391.8 ppm | EB0010603 | 392.5 ppm |
| EB0010570 | 259.8 ppm | EB0010559 | 258.9 ppm |
| EB0010285 | 209.0 ppm. | EB0010595 | 208.9 ppm |
| EB0010581 | 103.7 ppm | EB0010562 | 104.9 ppm |
| EB0010681 | 52.22 ppm | EB0010579 | 52.94 ppm |

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2014.07.08 16:23:57 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Analyst:


Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT
TYPE II

DONALD M JACQUIN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 11/13/2014

NUMBER 240392

EXPIRES 11/13/2016

MO 590-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paul Verbeke

acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LA9-4 (PS-10)